

AMGEN®

One Amgen Center Drive
Thousand Oaks, CA 91320

PH: 805.447.1000

FAX: 805.499.8011

There are a total of 125 page(s) being transmitted in 3 parts. If all of the pages are not received, please contact us. Thank you.

1st Part - 40

2nd Part - 40 ★

3rd Part - 47

DATE: August 20, 2002

TO: Examiner: Vonda Gale
USPTO
Fax: 703.306.3424

FROM: Joseph W. Bullock
Telephone: 805.447.7211

Applicants: Armistead et al.

NO: A-748E Attny: JWB

SN: 09/685,053 Filed: October 6, 2000

For: KINASE INHIBITORS

Amendment (117 pg)

Copy of original being sent by facsimile 8/20/02.

This transmission may contain confidential and/or privileged information intended solely for the addressee. If you are not the addressee, any disclosure or use of this information by you is strictly prohibited. If you have received this facsimile in error, please notify us immediately by calling 805.447.8223.

EL360688470US



POST OFFICE TO ADDRESSEE

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

Customer Copy
Label 11-F July 1997

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code	Day of Delivery <input type="checkbox"/> First <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In	<input type="checkbox"/> 10 AM <input type="checkbox"/> 3 PM	Postage \$
Time In	<input type="checkbox"/> End Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight	Int'l Alpha Country Code	COO Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

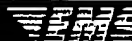
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Certificate Acct. No.		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article may be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
FROM: (PLEASE PRINT) AMGEN INC 1 AMGEN DRIVE THERAPEUTIC DIV THERAPEUTIC DIV A-748E (C)	PHONE: () - - - - -	TO: (PLEASE PRINT) ADDRESSEE ADDRESS CITY STATE ZIP

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



IS

THE PATENT OFFICE IS HEREBY REQUESTED TO
ACKNOWLEDGE RECEIPT OF THE FOLLOWING DOCUMENTS
BY DATE STAMPING AND RETURNING THIS POST CARD

No.: A-748E

Serial No.: 09/685,053

Title: KINASE INHIBITORS

Inventor: Armistead et al.

Atty: JWB/cpb

Filing Date: October 6, 2000

- 4 pp Information Disclosure Statement (includes 1 copy)
- 3 pp Form PTO 1449 with 39 References attached
- 1 pp Change of Address form.
- 117 pp Response and Amendment

Date Mailed: March 14, 2002

Via Express Mail EL360688470US

